

Political Organization  
Notice of Section 527 Status

OMB No. 1545-1693

Part I General information

1	Name of organization Scott Madon For State Representative	Employer identification number 91 2067786
2	Mailing address (P.O. Box or number, street, and room or suite number) P.O. Box 94 Pineville, Ky. 40977	
	City or town, state, and ZIP code Pineville, Ky. 40977	
3	E-mail address of organization e	
4a	Name of custodian of records Scott Madon	4b Custodian's address P.O. Box 94 Pineville, Ky. 40977
5a	Name of contact person Scott Madon	5b Contact person's address P.O. Box 94 Pineville, Ky. 40977
6	Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  City or town, state, and ZIP code	

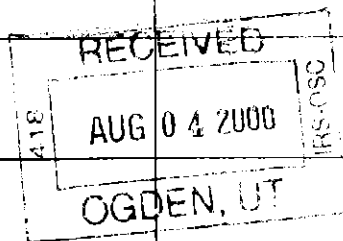
Part II Purpose

7 Describe the purpose of the organization

POLITICAL CAMPAIGN

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address



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enclosed is A COPY  
OF MY SS4 FORM  
I FAXED to the I.R.S.  
I will forward it to  
you when we get it

THANKS,  
Scott